

Product Order Form & Distributor Application



Enagic USA, Inc.

Headquarters

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Machine Finance payment

PRINT CLEARLY

OFFICE USE ONLY <Do NOT Fill In>

*Applicant Information			
NAME	First Name or Company Name	Middle Name (or Middle Initial)	Application Date:
	Last Name(s)		Are you currently an Enagic Distributor? <input type="checkbox"/> No <input type="checkbox"/> Yes ENAGIC ID #
Driver's License #	State	Date of Birth	
Mailing Address (must match W9)		City	State Zip Code
SS#		Phone Number	
Cell Number	Fax Number	Email Address	
Billing Address (if different from mailing address)		City	State Zip Code
Shipping Address (if different from mailing address) C/O		Phone Number	
Address		City	State Zip Code
Delivery Method	<input type="checkbox"/> Ship <input type="checkbox"/> Pick up **Please fill out pick up form		
*Enroller and Sponsor Information (if applicable)			
Enroller Name		Enroller ID	Phone Number
Sponsor Name		<input type="checkbox"/> Same as Above	
Phone Number		REGISTER THIS APPLICANT AS YOUR [] A Under Sponsor ID Number:	
ITEM ORDERED	PAYMENT AMOUNT		
	<input type="checkbox"/> ENAGIC PAYMENT: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 10 months <input type="checkbox"/> 12 months <input type="checkbox"/> 15 months <input type="checkbox"/> 16 months <input type="checkbox"/> 20 months <input type="checkbox"/> 24 months		
	\$	+	= \$
PRODUCT RETAIL PRICE	Handling	Tax	Shipping Down Total Down
\$	Employer Name	City, State,	Phone Income
** Please note the first payment date must be within 45 days from purchase date. Payment date must be on the 1st or 15th of each month.			
Finance Amount	Monthly Payment Amount	Withdrawal Date (Circle One)	First Payment Date
\$	\$	1st / 15th	/ /
*Payment Information : CREDIT CARD (CHECKING ACCOUNT for ENAGIC PAYMENT ONLY - Void check needed)			
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Discover <small>No Diner's Cards</small>			
Credit Card Number / Checking Account Number		Expiration Date / Checking Account Routing Number	CVV #
Card Holder Name (Print Clearly)		Card Holder Signature	
*** Please fill out Alternate Payer Form if someone beside the applicant will be making down payment and/or monthly payment. ***			
<p>Note: An applicant will be able to become a distributor with the purchase of Tokurei Sales Kit.</p> <p>I certify that I have been furnished a copy of, and have read, understand, and agree to the provisions in Enagic USA, Inc.'s Policies and Procedures manual, which (with any amendments or restatements furnished by Enagic USA after this date) are hereby incorporated by reference as if fully set forth herein and set forth the exclusive terms and conditions of my agreement with Enagic USA, Inc.</p> <p>I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge. I authorize ENAGIC USA, INC to debit the amount I have indicated above from my bank account or credit card. The agreed payment plan above will remain in effect until the balance is paid in full. \$20 late fee will be applied to your account for every missed payment. By signing the line below, you are acknowledging that you have read and understood the terms and conditions. Terms and conditions are subject to change without notice. If you fail to make a monthly payment, Enagic may offset the payment amount from your commissions. FOR ALTERNATE PAYERS: By signing Alternate Payer Form, you will be jointly responsible for any and all balance owing on the account. This agreement is governed by the laws of California and proper venue will be in a court of competent jurisdiction located nearest to the Company's headquarters.</p>			
Print Applicant Name (Company and Agent name if signed behalf of a company)		Print Enroller Name (Company and Agent name if signed behalf of a company)	
Applicant Signature	Date	Enroller Signature	Date